

SFY 20__ Reallocation of State & Federal Funds Form / Due Date: April 22

Reallocation of State and Federal Funds Form

Area Agency:	Di	rector Signature:	Date:		
 Please complete the following form so that the reallocation of unexpended funding may occur minimizing the possible return of funding to grantor agencies. Released funding requires only the funding source (1) and amount (2). Requested funding requires all data elements and must be expended for the service (4) identified with the request. Refer to the reporting Manual regarding the allowable expenditure of funding for a service in a reporting cluster. Entry of requested funding should be sorted by Funding Source (1), then Reporting Cluster (3), then Service Provided (4). If no funding is released or requested, please check this check box: □ 					
(1) Funding	(2) Amount (Released)/	(3) Reporting	(4) Additional	(5) Clients	(6)
Source	Requested	Cluster	Service Provided	Served	Units Provided
(e.g. 110: Elderly Services General)	[(\$\$)/\$\$]	(e.g. General Aging)	(e.g. 01: Personal Care)	(#)	(#)